03/20/2003 THU 15:23 FAX

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Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91018 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000098892

1. Entity Name
GAMETIME OF CENTRAL FLORIDA, INC.

10046794

Principal Place of Business	Mailing Address
1600 EAST 8TH AVE. C-112 TAMPA, FL 33605	1600 EAST 8TH AVE. C-112 TAMPA, FL 33605

2. Principal Place of Business	3. Mailing Address
129 W. CHURCH ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FLORIDA	City & State
Zip: 32801 Country: ORANGE	Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 47-0898841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLCOMB, VICTOR W 106 S. TAMPANIA AVENUE SUITE 200 TAMPA, FL 33609	Name: TODD LEINENBACH Street Address (P.O. Box Number is Not Acceptable): 618 ARBOR LAKE LANE City: TAMPA FL Zip Code: 33602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Todd [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT LEINENBACH, TODD 1600 EAST 8TH AVE. C-112 TAMPA, FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MITCH RUTASH 9630 BEECHTREE BAINBRIDGE OHIO 44023	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Vice Pres 3/14/03 813 864 6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #